

F24000002033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

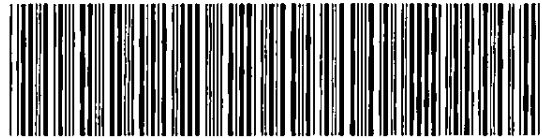
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W24-40036

Office Use Only



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02/12/24--01030--025 \*\*70.00

2024 APR 15 10:11:41

APR 16 2024

K. Brumbley

MS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 13, 2024

WEST & FEINBERG, P.A.  
4550 MONTGOMERY AVE., STE. 775N  
BETHESDA, MD 20814

SUBJECT: INSTITUTE FOR ASTHAM AND ALLERGY, P.C.  
Ref. Number: W24000040636

We have received your document for INSTITUTE FOR ASTHAM AND ALLERGY, P.C. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not provide for the recognition of a foreign professional corporation. An acceptable corporate suffix will need to be added to your entity name for this Department to accept and file your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY  
Regulatory Specialist II Supervisor

Letter Number: 624A00005448

LAW OFFICES  
**WEST & FEINBERG, P.C.**

RONALD D. WEST (MD, DC)  
MARC R. FEINBERG (MD, DC)  
LAWRENCE S. STERN (MD)  
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JOE L. LEONE (MD, DC, FL, VA)  
MINDY G. SUCHINSKY (MD, NY, IL)  
JAMES M. PEPPE (MD, DC)  
KATHERINE A. CURLEY (MD, DC)  
MARCIE L. BRECHER (MD, DC)  
LORI M. FEITEL (MD)  
LAURENT BUGART (MD)

SUITE 775N  
4550 MONTGOMERY AVENUE  
BETHESDA, MARYLAND 20814  
(301) 951-1500  
FACSIMILE (301) 951-1525

WRITER'S DIRECT NUMBER  
(301) 951-1547  
EMAIL: [ggazit@wflaw.com](mailto:ggazit@wflaw.com)

March 28, 2024

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
C/O Kyle D. Brumbley, or to whom it may concern.

Re: **Institute for Asthma and Allergy, P.C.** (Ref. Number: **W24000040636**)  
Your letter number: 624A00005448 from march 13, 2024

Dear Mr. Brumbley,

Thank you for taking care of this filing.

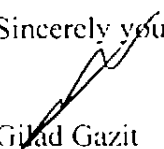
Following your letter above, enclosed please find revised Application by the Foreign Corporation for Authorization to Transact Business in Florida. As you will notice, to be consistent with Florida law, the corporation chose to register in the state using the name: **Institute for Asthma and Allergy, Corp.**

Please file accordingly. A copy of your letter is also attached for your reference.

If you have any questions, please don't hesitate to contact me directly. My email address is [ggazit@wflaw.com](mailto:ggazit@wflaw.com) and my phone number is 301-951-1547.

Thank you very much for your attention and help!

Sincerely yours,

  
Gilad Gazit  
Corporate Paralegal

/gg  
Encls.

CC:  
/Files/17243/Florida Practice/cover letter Florida SoS.docx

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Institute for Asthma and Allergy, P.C.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Gilad Gazit

Name of Person

West & Feinberg, P.C.

Firm/Company

4550 Montgomery Avenue, Suite 775N

Address

Bethesda, MD 20814

City/State and Zip code

ggazit@wflaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gilad Gazit

at (301) 951-1547

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Institute for Asthma and Allergy P.C Corp.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. The District of Columbia 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/27/1996 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3934 Legation Street, NW, Washington, DC 20015  
(Principal office street address)

\_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

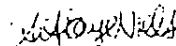
Name: Registered Agent Solutions, Inc.

Office Address: 2894 Remington Green Ln., Ste. A

Tallahassee, Florida 32308  
(City) (Zip code)

**9. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



Samantha Niels, Assistant Secretary

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

2024 APR 15 AM 11:41

# A. DIRECTORS

☐ Chairman Name: Huamin H. Li  
☐ Vice Chairman Address: 10317 Kingway Ct.  
☒ Director Ellicott City, MD, 21042  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Athena Economides  
☐ Vice Chairman Address: 7308 Brickyard Rd.  
☒ Director [Potomac, MD, 20854]  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

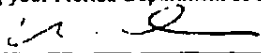
☐ Chairman Name: Mark Scarupa  
☐ Vice Chairman Address: 9613 Culver Street  
☒ Director Kensington, MD, 20895  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Carla Ward  
☐ Vice Chairman Address: 18601 Reliant Dr.  
☒ Director Gaithersburg, MD, 20879  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Michelle Crank  
☐ Vice Chairman Address: 4842 Eastern Ave NE  
☒ Director Washington, DC, 20017  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Daniel Rosloff  
☐ Vice Chairman Address: 5701 Aberdeen Pl  
☒ Director Bethesda, MD, 20814  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

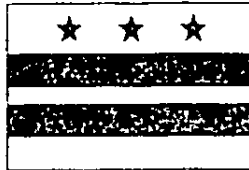
12.   
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. H. Henry Li  
 (Typed or printed name and capacity of person signing application)

Initial File #: 962123  
Entity Type: Professional Corporation

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
DEPARTMENT OF LICENSING AND CONSUMER PROTECTION  
CORPORATIONS DIVISION



**C E R T I F I C A T E**

**THIS IS TO CERTIFY** that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this ***CERTIFICATE OF GOOD STANDING*** is hereby issued to

INSTITUTE FOR ASTHMA AND ALLERGY P.C.

**WE FURTHER CERTIFY** that the domestic entity is formed under the law of the District on 06/27/1996 ; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor; The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entity has not been dissolved. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

**IN TESTIMONY WHEREOF** I have hereunto set my hand and caused the seal of this office to be affixed as of 2/7/2024 10:36 AM

Business and Professional Licensing Administration



*Rebecca Janovich*

REBECCA JANOVICH  
Superintendent of Corporations,  
Corporations Division

Muriel Bowser  
Mayor

Tracking #: Duy51Bh2